

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: Timothy Joseph Nichols
TITLE: Method and Apparatus to Secure Data Transfer From Medical Device Systems



11/02/99

Assistant Commissioner for Patents
BOX PATENT APPLICATION
Commissioner of Patents and Trademarks
Washington, D.C. 20231

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Assistant Commissioner of Patents, Washington, D.C. 20231, "EXPRESS No. EL 191394855 US, on this 2 day of November, 1999.

Karen L. Hoffman

Signature

JC564 U.S. PTO
09/431881
11/02/99

Sir:

We are transmitting herewith the attached:

Patent Application Transmittal

Specification:

Total pages: 59 (cover/title page 1 sheet; specification. 36 sheets; claims 13 sheets; abstract - 1 sheet)

Drawings:

Total sheets: 8

formal informal

Combined Declaration and Power of Attorney:

newly executed

copy from prior application

Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))

Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

Accompanying application parts:

Notification of filing a

Assignment of the Invention to Medtronic, Inc.

Assignment cover sheet

Information Disclosure Statement

PTO Form 1449

Copies of IDS citations

Preliminary Amendment

A copy of the Petition or Conditional Petition for Extension of Time in the prior application.

Return Postcard

IF A CONTINUING APPLICATION:

Continuation Divisional
of prior application No. 1.

Continuation-in-part (CIP)

Amend the specification by inserting before the first line the sentence: This application is a continuation
 division continuation in part of application number _____, filed _____.

Cancel in this application original claims _____ of the prior application before calculating the filing fee.
(At least the original independent claim must be retained for filing purposes.)

The prior application is assigned of record to Medtronic, Inc.

The Power of Attorney in the prior application is to: _____.

This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) _____, filed _____.

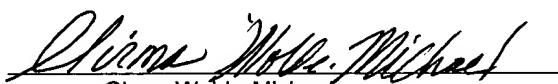
Address all future correspondence to: Girma Wolde-Michael
Attorney Reg. No. 36,724
Medtronic, Inc., MS 301
7000 Central Avenue NE
Minneapolis, Minnesota 55432
Phone: (612) 514-6402

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	69	20 = 49		x 18	882.00
Independent Claims	10	3 = 7		x 78	546.00
Multiple Dependent Claims				+ 260	
Basic Filing Fee					\$ 760
				TOTAL	\$2,188

Charge Deposit Account No. 13-2546 the sum of \$760.00 (Filing Fee) and \$40.00 for Assignment recordation fee for a total of **\$2,228.00**.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546.. A duplicate of this transmittal is enclosed.

11/02/99
Date



Girma Wolde-Michael
Attorney Reg. No. 36,724
MEDTRONIC, INC.
7000 Central Avenue N.E.
Minneapolis, Minnesota 55432
Telephone: (612) 514-6402